

FORM B10 (Official Form 10) (Rev. 4/98)		
United States Bankruptcy Court SOUTHERN DISTR 61288, Houston TX 77208 (Houston Div	ICT OF TEXAS P.O.Box vision)	PROOF CLAIM
Name of Debtors	Case Number	
Stage Stores, Inc., a Delaware corporation  X Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation  *place an "x" beside the name of the Debtor you are filing a claim	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-54021 Creditor ID#:
against		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Saline County Treasurer	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent:	Check box if you have never	
Saline County Treasurer Michael A. Montoya	received any notices from the bankruptcy court in this case	TIPESON
Saline County Counselor Salina KS 67402-5040 P.O. Box 1220, Salina KS 67402	Check box if the address differs from the address on the envelope sent to you by the court.	To the second
Account or other number by which creditor identifies debtor: $\#28681$	Check here replaces if this claim amends a prev	iously filed claim, dated:
1. Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death _X Taxes Other	Retiree benefits as defined in 11 L Wages, salaries, and compensation Your SS#: Unpaid compensation for services from to	on (Fill out below)  performed
2. Date debt was incurred: 1999	3. If court judgment, date of	<u> </u>
4. Total Amount of Claim at Time Case Filed: \$ 1136.98  If all or part of your claim is secured or entitled to priority, also complet X Check this box if claim includes interest or other charges in additional charges.	te Item 5 or 6 below. on to the principal amount of the claim.	Attach itemized statement of all interest or
5. Secured Claim.	6. Unsecured Priority Claim.	
— Check this box if your claim is secured by collateral (including a right of setoff).	Check this box if you have an a Amount entitled to priority \$	unsecured priority claim
Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$	Specify the priority of the claim Wages, salaries, or commissions (up to the bankruptcy petition or cessation of t U.S.C. § 507(a)(3) Contributions to an employee benefit pl	1: \$4,300),* earned within 90 days before filing of the debtor's business, whichever is earlier - 11 an - 11 U.S.C. § 507(a)(4).
Amount of arrearage and other charges at time case filed included in secured claim, if any \$	Alimony, maintenance, or support owed X 507(a)(7).  Taxes or penalties owed to government Other – Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/	to a spouse, former spouse, or child - 11 U.S.C. tal units - 11 U.S.C. § 507(a)(8). f 11 U.S.C. § 507(a). 198 and every 3 years thereafter with respect to
7. Credits: The amount of all payments on this claim has been credited and de	cases commenced on or after the date of a	djustment.
the purpose of making this proof of claim.  8. Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, invoices, itemized statements of running accounts, cont court judgments, mortgages, security agreements, and evidence of perfection of DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  9. Date-Stamped Copy: To receive an acknowledgment of the filing of you enclose a stamped, self-addressed envelope and copy of this proof of claim.	n as promissory racts, if lien.	This Space is for Court Use Only
the proof of Claim.		
Date Sign and print the name and title, if any, of the creditor or oth (attach copy of nower of atterney if any):	er person authorized to file this claim	
Date Sign and print the name and title, if any, of the creditor or oth		

## 1999 Personal Property Tax Statement # 28681

Tax ID 3-0108647

SALINE COUNTY TREASURER 300 WEST ASH PO BOX 5040 SALINA. KS 67402-5040

ASSESSMENT CLASS PP

LËVY 113.828 VALUATION TAX 19.917 2.2

TAX 2.267.12

M	•	DISTRIBUTION OF TAX	
A		DISTRICT	TAX AMT
I	SPECIALTY RETAILERS INC DBA	STAGNUSD 305 GENERAL	378.33
L	* ************************************	USD 305 OTHER	372.41
	3903 BELLAIRE BLVD	USD 305 BOND & INT	351.00
7	HOUSTON TX 77025	STATE	29.88
O		SALINE COUNTY	461.8E
		SALINA CITY	495,46
	PAYMENT INSTRUCTIONS	AIRPORT AUTHORITY	52.84
REAL	ESTATE: 1ST HALF DELINQUENT	FUBLIC LIBRARY	105.38

PERSONAL PROPERTY: BECOMES DUE IN FULL IF FIRST HALF IS NOT PAID BY DECEMBER 20TH.

DECEMBER 21ST.

KEEP TOP PORTION OF STATEMENT FOR YOUR RECORDS.

PROPERTY INFORMATION
TAX UNIT 001 City-SALINA CITY
USD 305
COMM

1997 1 at 2 paid 12/28/99

Last 2 due 1133.567x 6/30/00 + 3.42 ins \* Due \$1/36.98

TOTAL TAX DUE

2.267.12

HALF DUE 12/20/1999

1.133.56

Flease remit appropriate payment stub with payment

SALINE COUNTY
FIRST HALF PAYMENT
DUE 12/20/1999

SALINE COUNTY
SECOND HALF / FULL PAYMENT
DUE 06/20/2000 / 12/20/1999

STATEMENT # 28681 1st Half 1.133.56

STATEMENT # 28681 2nd Half Full Amt 2.267.12

Tax ID # 3-0108647 SPECIALTY RETAILERS INC DBA STAGE 3

Tax ID # 3-0108647 SPECIALTY RETAILERS INC DBA STAGE 3

FORM B10 (Official Form 10) (Rev. 4/98)  United States Bankruptcy Court  61288, Houston TX 77208	SOUTHERN DISTRIC	CT OF TEXAS P.O.Box	PROOF OF CLAIM
·	(LIOUSCOLL DIVI		
Name of Debtors		Case Number	
Stage Stores, Inc., a Delaware con X-Specialty Retailers, Inc., a Texas of Specialty Retailers, Inc. (NV), a Ne	corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-54021 Creditor ID#:
*place an "x" beside the name of the Debto against	r you are filing a claim		6/2×
Name of Creditor (The person or other entity to money or property):  Saline County Treasurer	o whom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	1/30/3/2
Name and address where notices should be ***********************************	ADC 670 . Montoya	Check box if you have never received any notices from the bankruptcy court in this case	Michael V. Millor Court
PO Box 5040 Saline Con Saline KS 67402-5040 P.O. Box	unty Counselor 1220, Salina, KS 67402 Inhhulull	court.	
Account or other number by which creditor #28681	identifies debtor:	Check here replaces  if this claim amends a prev	viously filed claim, dated:
1. Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death _X Taxes Other		Retiree benefits as defined in 11 to Wages, salaries, and compensation Your SS#:  Unpaid compensation for services from	on (Fill out below) 
2. Date debt was incurred: 1999	<del>)</del>	3. If court judgment, date of	btained:
4. Total Amount of Claim at Time Case File If all or part of your claim is secured or enti-  X Check this box if claim includes interest additional charge	tled to priority, also complet t or other charges in additio		Attach itemized statement of all interest or
<ul> <li>5. Secured Claim.  — Check this box if your claim is secured right of setoff).  — Brief Description of Collateral:  — Real Estate — Motor Vehicle — Other All personal and intangible proposed value of Collateral:  — Amount of arrearage and other charges at secured claim, if any \$</li></ul>	perty of Debtor's Estate	the bankruptcy petition or cessation of U.S.C. § 507(a)(3)  Contributions to an employee benefit purply up to \$1,950* of deposits toward purply personal, family, or household use - 11 Alimony, maintenance, or support owe X 507(a)(7).  Taxes or penalties owed to government Other - Specify applicable paragraph of the contribution of the contribut	unsecured priority claim  n: o \$4,300),* earned within 90 days before filing of the debtor's business, whichever is earlier - 11  plan - 11 U.S.C. § 507(a)(4). hase, lease, or rental of property or services for 1 U.S.C. § 507(a)(6). ed to a spouse, former spouse, or child - 11 U.S.C. §  ntal units - 11 U.S.C. § 507(a)(8).
7: Credits: The amount of all payments on this	claim has been credited and de	cases commenced on or after the date of a	
<ul> <li>8. Supporting Documents: Attach copies notes, purchase orders, invoices, itemized statem court judgments, mortgages, security agreement DO NOT SEND ORIGINAL DOCUMENTS. If the explain. If the documents are voluminous, attach</li> <li>9. Date-Stamped Copy: To receive an ack enclose a stamped, self-addressed envelope and</li> </ul>	nents of running accounts, cont ts, and evidence of perfection of documents are not available, a summary. nowledgment of the filing of you	racts, f lien.	
(attach copy <u>at power of atter</u>	ney if any):	er person authorized to file this claim	855
	ent claim: Fine of up to \$500,00	<del>ty Counselor</del>	

ClibPDF - www.fastio.com

## 1999 Personal Property Tax Statement # 28681

Tax ID 3-0108647

SALINE COUNTY TREASURER 300 WEST ASH PO BOX 5040 SALINA, KS 67402-5040

ASSESSMENT CLASS PP

LEVY VALUATION 19,917

TAX 2.267.12

113.828

DISTRIBUT	T (3) k 1 (3) (3)	$T \wedge V$
	1	1 6-3 X

Α		DISTRICT	TAX AMT
I	SPECIALTY RETAILERS INC DBA		378.33
<u>L</u>	%HARDING & CARBONE INC	്₃ USD 305 OTHER	. 372.41
	3903 BELLAIRE BLVD	USD 305 BOND & INT	351.00
T	HOUSTON TX 77025	STATE	29.88
Ü		SALINE COUNTY	461.82
		SALINA CITY	495.46
	PAYMENT INSTRUCTIONS	AIRPORT AUTHORITY	52.84
REAL	ESTATE: 1ST HALF DELINQUENT	FUBLIC LIBRARY	105.38
	DECEMBER 21ST.		

PERSONAL PROPERTY: BECOMES DUE IN FULL IF FIRST HALF IS NOT PAID BY DECEMBER 20TH.

KEEP TOP PORTION OF STATEMENT FOR YOUR RECORDS.

PROPERTY INFORMATION TAX UNIT OOL CITY-SALINA CITY USD 305 

1999 1 st /2 Paid 12/28/99

Last 2 due 1133.567 6/30/00 + 3.42 in

rue \$1136.98

TOTAL TAX DUE

2.267.12

HALF DUE 12/20/1999

1.133.56

Flease remit appropriate payment stub with payment

SALINE COUNTY FIRST HALF PAYMENT DUE 12/20/1999

SALINE COUNTY SECOND HALF / FULL PAYMENT DUE 06/20/2000 / 12/20/1999

STATEMENT # ist Half

28681 1.133.54 STATEMENT # 2nd Half

28681 1.133.56

2.267.12

Tax ID #

3-0108647

Tax ID # 3-0108647

Full Amt

SPECIALTY RETAILERS INC DBA STAGE 3

SPECIALTY RETAILERS INC DBA STAGE S

THE PROPERTY OF THE PARTY.	· · · · · · · · · · · · · · · · · · ·	CT OF TEXAS P.O.Box	PROOF OF CLAIM
61288, Houston TX 77208	(Houston Divi	sion)	
Name of Debtors		Case Number	
Stage Stores, Inc., a Delaware con X Specialty Retailers, Inc., a Texas of Specialty Retailers, Inc. (NV), a New York Property Special Retailers, Inc. (NV	corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-54021 Creditor ID#:
*place an "x" beside the name of the Debto against	r you are filing a claim		
Name of Creditor (The person or other entity to money or property):	whom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.	
Saline County Treasurer	<del></del>	Attach copy of statement giving particulars.	
Name and address where notices should be ************************************	ADC 670	Check box if you have never received any notices from the bankruptcy court in this case	MICHAEL CHARLES DE
DO Day 5040	inty Counselor 1220, Salina, KS 67402	Check box if the address differs from the address on the envelope sent to you by the court.	T. Milly C.
Account or other number by which creditor in \$\pi \pi 28681\$	identifies debtor:	Check here replaces if this claim amends a prev	iously filed claim, dated:
1. Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death _X Taxes Other		Retiree benefits as defined in 11 L Wages, salaries, and compensation Your SS#: Unpaid compensation for services from (date)	on (Fill out below) 
2. Date debt was incurred: 1999		3. If court judgment, date of	otained:
· · · · · · · · · · · · · · · · · · ·	····		
If all or part of your claim is secured or entit	led to priority, also complet or other charges in addition	e Item 5 or 6 below, n to the principal amount of the claim.	Attach itemized statement of all interest or
If all or part of your claim is secured or entited X Check this box if claim includes interest additional charg	led to priority, also completed to priority, also completed or other charges in additiones.	6. Unsecured Priority Claim  Check this box if you have an	unsecured priority claim
If all or part of your claim is secured or entited X Check this box if claim includes interest additional charges.  5. Secured Claim.  Check this box if your claim is secured to the content of the cont	led to priority, also completed or other charges in additiones.  by collateral (including a	6. Unsecured Priority Claim  Check this box if you have an Amount entitled to priority \$ Specify the priority of the claim Wages, salaries, or commissions (up to the bankruptcy petition or cessation of U.S.C. § 507(a)(3)	unsecured priority claim  1: 2 \$4,300),* eamed within 90 days before filing of the debtor's business, whichever is earlier - 11
If all or part of your claim is secured or entited X Check this box if claim includes interest additional charges.  5. Secured Claim.  Check this box if your claim is secured fright of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle	led to priority, also completed or other charges in additiones.  by collateral (including a	6. Unsecured Priority Claim  Check this box if you have an Amount entitled to priority \$ Specify the priority of the claim Wages, salaries, or commissions (up to the bankruptcy petition or cessation of U.S.C. § 507(a)(3)  Contributions to an employee benefit pup to \$1,950* of deposits toward purch personal, family, or household use - 11 Alimony, maintenance, or support ower	unsecured priority claim  1: 2 \$4,300),* eamed within 90 days before filing of the debtor's business, whichever is earlier - 11  lan - 11 U.S.C. § 507(a)(4).
<ul> <li>Check this box if claim includes interest additional charg</li> <li>Secured Claim.          <ul> <li>Check this box if your claim is secured if right of setoff).</li> </ul> </li> <li>Brief Description of Collateral:             <ul> <li>Real Estate</li> <li>Motor Vehicle</li> <li>Other All personal and intangible property</li> </ul> </li> </ul>	led to priority, also completed or other charges in additiones.  by collateral (including a berty of Debtor's Estate	6. Unsecured Priority Claim  Check this box if you have an Amount entitled to priority \$ Specify the priority of the claim  Wages, salaries, or commissions (up to the bankruptcy petition or cessation of U.S.C. § 507(a)(3)  Contributions to an employee benefit pup to \$1,950* of deposits toward purch personal, family, or household use - 11  Alimony, maintenance, or support ower X 507(a)(7).  Taxes or penalties owed to government Other — Specify applicable paragraph of	unsecured priority claim  1: 0 \$4,300),* earned within 90 days before filing of the debtor's business, whichever is earlier - 11  Ian - 11 U.S.C. § 507(a)(4). Iase, lease, or rental of property or services for U.S.C. § 507(a)(6). If to a spouse, former spouse, or child - 11 U.S.C. Ital units - 11 U.S.C. § 507(a)(8). If 11 U.S.C. § 507(a). If 98 and every 3 years thereafter with respect to
If all or part of your claim is secured or entited. X Check this box if claim includes interest additional charg.  5. Secured Claim.  Check this box if your claim is secured fright of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle  Other All personal and intangible proposed.  Value of Collateral: \$  Amount of arrearage and other charges at the secured of the secu	led to priority, also complete or other charges in additiones.  by collateral (including a perty of Debtor's Estate perty of Supporting documents, such perty of Perty of Perty of Perty of Debtor's Estate perty of Supporting documents, such perty of Perty o	6. Unsecured Priority Claim Check this box if you have an Amount entitled to priority \$ Specify the priority of the claim Wages, salaries, or commissions (up to the bankruptcy petition or cessation of U.S.C. § 507(a)(3) Contributions to an employee benefit pup to \$1,950* of deposits toward purch personal, family, or household use - 11 Alimony, maintenance, or support ower X 507(a)(7). Taxes or penalties owed to government Other - Specify applicable paragraph of Amounts are subject to adjustment on 4/1 cases commenced on or after the date of a ducted for as promissory facts, flien.	unsecured priority claim  1: 0 \$4,300),* earned within 90 days before filing of the debtor's business, whichever is earlier - 11  Ian - 11 U.S.C. § 507(a)(4). Iase, lease, or rental of property or services for U.S.C. § 507(a)(6). If to a spouse, former spouse, or child - 11 U.S.C. Ital units - 11 U.S.C. § 507(a)(8). If 11 U.S.C. § 507(a). If 98 and every 3 years thereafter with respect to
If all or part of your claim is secured or entit   X Check this box if claim includes interest additional charg  5. Secured Claim.  Check this box if your claim is secured in right of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle  Other All personal and intangible proposed value of Collateral:  Value of Collateral:  Amount of arrearage and other charges at the secured claim, if any \$  7. Credits: The amount of all payments on this count in the purpose of making this proof of claim.  8. Supporting Documents: Attach copies notes, purchase orders, invoices, itemized statem court judgments, mortgages, security agreements DO NOT SEND ORIGINAL DOCUMENTS. If the explain. If the documents are voluminous, attach on the purpose of making this proof of claim.  9. Date-Stamped Copy: To receive an acknowledge as stamped, self-addressed envelope and	ded to priority, also completed or other charges in additiones.  by collateral (including a perty of Debtor's Estate perty of Debtor's Estate perty of Debtor's Estate perty of Debtor's Estate perty of Supporting documents, such the sof running accounts, contains of running accounts, contains and evidence of perfection of documents are not available, a summary. In a summary, a nowledgment of the filing of you copy of this proof of claim.  Itle, if any, of the creditor or other, if any):	6. Unsecured Priority Claim  Check this box if you have an Amount entitled to priority \$ _ Specify the priority of the claim Wages, salaries, or commissions (up to the bankruptcy petition or cessation of U.S.C. § 507(a)(3)  Contributions to an employee benefit pup to \$1,950* of deposits toward purch personal, family, or household use - 11 Alimony, maintenance, or support ower \$507(a)(7).  Taxes or penalties owed to government Other — Specify applicable paragraph of *Amounts are subject to adjustment on 4/1 cases commenced on or after the date of a ducted for as promissory facts, flien.  Ter claim,	unsecured priority claim  1: 0 \$4,300),* eamed within 90 days before filing of the debtor's business, whichever is earlier - 11  Ian - 11 U.S.C. § 507(a)(4). Iase, lease, or rental of property or services for U.S.C. § 507(a)(6). If to a spouse, former spouse, or child - 11 U.S.C. tal units - 11 U.S.C. § 507(a)(8). If 11 U.S.C. § 507(a). If 98 and every 3 years thereafter with respect to adjustment.

## 1999 Personal Property Tax Statement # 28681

Tax ID 3-0108647

SALINE COUNTY TREASURER 300 WEST ASH PO BOX 5040 SALINA. KS 67402-5040

ASSESSMENT CLASS PP

PUBLIC LIBRARY

LEVY VALUATION 19.917

TAX 2.267.12

105.38

113.828

4		DISTRIBUTION OF TAX	
-i		DISTRICT	TAX AMT
<u>I</u>	SPECIALTY RETAILERS INC DB	A STAGOUSD 305 GENERAL	378.33
<del>_,</del>	*HARDING & CARBONE INC	USD 305 OTHER	. 372.41
	3903 BELLAIRE BLVD	USD 305 BOND & INT	351.00
Γ	HOUSTON TX 77025	STATE	29.88
כ		SALINE COUNTY	461.82
		SALINA CITY	495.46
	PAYMENT INSTRUCTIONS	AIRPORT AUTHORITY	52.84

FERSONAL PROPERTY: BECOMES DUE IN FULL IF FIRST HALF IS NOT PAID BY DECEMBER SOTH.

DECEMBER 21ST.

REAL ESTATE: 1ST HALF DELINQUENT

TOP PORTION OF STATEMENT FOR YOUR RECORDS.

PROPERTY INFORMATION TAX UNIT OO1 City-SALINA CITY USD 305 COMM

1999 1 st /2 Paid 12/28/99

Last 2 due 1133.567 6/30/00 + 3.42 in We \$1/36.98

TOTAL TAX DUE

2.267.12

HALF DUE 12/20/1999

1.133.56

Please remit appropriate payment stub with payment

SALINE COUNTY FIRST HALF PAYMENT DUE 12/20/1999

SALINE COUNTY SECOND HALF / FULL PAYMENT DUE 06/20/2000 / 12/20/1999

STATEMENT # 28481 1st Halt 1.133.56

STATEMENT # 28681 2nd Half 1.133.56 Full Amt 2.267.12

Tax ID # 3-0108647 SPECIALTY RETAILERS INC DBA STAGE 3

Tax ID # 3-0108647 SPECIALTY RETAILERS INC DBA STAGE 3